Application Form - Rehabilitation

| ed project are more likely to complete |
|--|
| Years of Experience in Housing |
| • 0-5 years |
| • 6-10 years • 11+ years |
| • 0-5 years |
| • 6-10 years |
| • 11+ years |
| 0-5 years6-10 years |
| • 11+ years |
| |
| entity to complete this project? |
| entity to complete this project? |
| entity to complete this project? |
| |

| Financial Information: |
|---|
| Please enter 0 for any funding source not applicable to this specific proposal. |
| Have you had an audit with the past 24 months? |
| ☐ Yes ☐ No |
| ■ Does your most recent audit have findings? |
| ☐ Yes ☐ No |
| ■ Does your organization have positive operational cash flow? |
| ☐ Yes ☐ No |
| Does your organization have positive net worth? |
| ☐ Yes ☐ No |
| ■ Are you applying for the small organization set aside? |
| Reminder: This category is applicable to organizations with operating budgets below \$2,000,000. Awards in this category are capped at \$750,000. |
| ☐ Yes ☐ No |
| Project Funding: |
| Considerations for the full capital stack are scored throughout this section. |
| 7 Total Project Costs: |
| Total cost for rehab, developer fee, and other soft costs. |
| 7 Total Barnes Fund Request: |
| Reminder: No more than 20% of the Barnes award can go toward the developer fee. |
| Estimated Investment per Unit: |
| 7 Total Loan Amount: |
| i.e. Conventional Financing |
| Total from Other Grants: |
| ☑ Will your proposal have any of the below funding sources in the deal? |
| ☐ MDHA ☐ THDA ☐ CITC ☐ NMTC ☐ None of these apply |
| All Please list any grant funding sources and the associated amounts if there is more than one. |

| Limit: 200 words | |
|--|--|
| | |
| Total from Other Funding Sources: | |
| Funding that is not in the form of a loan or grant. | |
| Please list any other funding sources and the associated amounts if there is a Limit: 200 words | more than one. |
| | |
| Project Information: | |
| 7 Project Name: | |
| ({{ submission.title }}) | |
| ls your proposal intended to serve specific populations? | |
| ☐ Yes ☐ No | |
| Select the population(s) your project will serve. | |
| Please note that this is not scored, but used as an internal navigation tool to bett | ter direct constituents looking for housing. |
| Persons with Disabilities Seniors (62 years and up) The Unhoused Population Larger Families Veterans Victims of Domestic Violence Youth (under 26 years) New Americans | |
| This project will serve incomes: | |
| (check all that apply) | |
| Below 30% of Area Median Income 30 - 60% of Area Median Income 60 - 80% of Area Median Income | |
| Number of anticipated households this project will assist: | |
| In 300 words or less, summarize your proposed project. | |
| | |

The process including information about the lien and the rehab process.

Information about how the program incorporates trusted community advocates and proactive outreach should be included here.

| In 300 words or less, describe the community impact and the unique value about current community needs analysis, population considerations, and home | |
|---|--|
| In 300 words or less, how your organization will engage the homeowners i construction timelines, etc. | n the improvement process, including the design, |
| Please describe your application and selection process. What process would your organization use for homeowners to apply for assist | ance? How are applicants prioritized? |
| Please describe your outreach plan. Please describe specific efforts that would be made to increase awareness ab organization ensure homeowners of diverse backgrounds are made aware ab | - · · · · · · · · · · · · · · · · · · · |
| Will the home owner have to have owned their home for a specific length o ☐ Yes ☐ No | |
| Manual How long will the owner have to have owned their home before receiving a how will ownership be determined? | assistance? |
| Are any of the homes receiving assistance constructed prior to 1978? Yes No | |
| Will lead based paint testing be performed? Project Design: | |
| Mow many units do you plan to serve within the scope of your project? | |
| Is your program designed to serve a specific council district(s)? Yes | |

| If yes, please list the council district(s) number served through this program design. |
|--|
| Please explain how your project will include concepts of Universal Design and sustainability/energy efficiency when within the scope of work. |
| Mark How will the homeowner's income be verified? |
| Will a lien be placed against the home for the cost of the repairs? |
| ☐ Yes ☐ No |
| If there is no lien, please explain the reasoning and what methods will be used to ensure that the rehab is useful for preservation of the affordable housing stock. Limit: 200 words |
| |
| The homeowner financial assistance will be in the form of: |
| ☐ Forgivable Loan ☐ Grant ☐ Combination |
| Please describe the type(s) of homeowner financial assistance proposed. If the project includes a loan or grant/loan combination please describe the underwriting criteria, determination of affordability for the homeowner and the reason for this project design. |
| |
| Mhat measures will be taken to ensure that home owner does not profit from the rehabilitation? i.e. sell the home, convert it to rental property |
| |
| Is there a minimum and maximum dollar amount of repairs proposed for this program? |
| ☐ Yes ☐ No |
| Mhat is the minimum dollar amount? |
| Mhat is the maximum dollar amount? |
| Please describe your homeowner rehabilitation program. What types of rehabilitation activities are offered to homeowners? |

| ₩ill volunteer labor be used? |
|--|
| ☐ Yes ☐ No |
| ■ Will mobile homes be eligible for rehabilitation assistance? |
| ☐ Yes ☐ No |
| Will the homeowner own the land that the mobile home is located on? |
| ☐ Yes ☐ No |
| |
| Rehabilitation Information: |
| Mho will be responsible for creating the work write-ups and construction specifications? |
| |
| Will the homeowner or nonprofit grantee select the rehabilitation contractor? |
| ☐ Homeowner ☐ Nonprofit Grantee |
| A Please explain the contractor selection process. |
| |
| Will all code violations within scope be corrected during rehabilitation? |
| ☐ Yes ☐ No |
| Mho will inspect the rehabilitation work? |
| |
| Will the rehabilitation have a warranty? |
| ☐ Yes ☐ No |
| Mow long is the warranty? |
| |

Certifications:

The undersigned hereby certifies that all the information provided on this form and any attachment is true, correct and complete. He/she certifies that they will abide by all Fair Housing principles which prohibit discrimination on the basis of race, age, gender, religion, national origin, disability or familial status. The applicant further agrees that verification may be obtained from any source the funding entity deems necessary. The undersigned understands that the Barnes Fund reserves the right to request additional information or materials needed and may require changes in information submitted by the applicant and by signing this application he/she authorizes the release of any information necessary for the review of this application. The undersigned further attests that he/she is authorized to sign and to submit said funding application.

| 🔃 Dat | e: | | |
|-------|----|---|---------------|
| | _/ | / | _(YYYY/MM/DD) |